#### Rec'd PCT/PTO, 0 4 NOV 2005 536897

Attorney Docket No. 1807-0186PUSI

#### BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

# COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
Insert Title:	ARRANGEMENT AND METHOD FOR PRODUCING A THREE-DIMENSIONAL PRODUCT						
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorned docket number as set forth above and/or the following:						
Fill in Appropriate Information –	The specification was filed	on	as United	States Applica	ation Number		
	and amended on		(if applicable) and/				
For Use Without Specification	the specification was filed or	n <u>12/12/20</u>	03 as PCT Interr	national Applic	ation Number PCT	/SE2003/001939	
Anached:  Insert Priority Information (if appropriate)	and was amended on I hereby state that I har claims, as amended by any a I acknowledge the duty Federal Regulations, \$1.56. I do not know and do our invention thereof, or pathereof or more than one year inventor's certificate issue an an application filed by morior to this application, and country foreign to the Unite except as follows. I hereby claim foreign for patent or inventor's certificate having in Prior Foreign Application.  Q203768-7 (Number)	mendment refer y to disclose inf not believe the s tented or descri u prior to this ap ear prior to this of before the dat e or my legal re that no applicat d States of Ame priority benefits inficate listed be a filing date beform (S)	red to above.  formation which is n  ame was ever know  bed in any printed  poplication, that the sa  application, that the  te of this application  peresentative or assi-  tion for patent or inverted  prior to this application  under Title 35, United  low and have also	naterial to pate n or used in the publication in a me was not in invention has r in any country gas more than entor's certifica- plication by me ed States Code, identified below ion on which p	mtability as defined to United States of Ar any country before a public use or on sale not been patented or foreign to the Unite twelve months (six at the on this invention be or my legal representations). The country foreign applicationity is claimed:	in Title 37. Code of the code	
						Yes No	
	(Number)	(Country)	-		Day/Year Filed)		
Inseri Provisional	(Number)	(Country)		• •	Day/Year Filed)	Yes No	
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.						
Application(s): (if any)	(Application Number)		(Fil	ling Date)			
	(Application Number) (Filing Da			ling Date)			
	All Foreign Applications, if any, for any Fatent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
Insert Requested Information (if appropriate)	Country		Application Nu	ımber	Date of Filing (M	onth/Day/Year)	
Insert Prior U.S. Application(s);	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.  (Application Number)  (Filing Date)  (Status - patented, pending, abandoned)						
(if any)	(Application Number)		(Filing Date)	(Şta	tus - patented, pen	ding, abandoned)	
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Birch, Stewart, Kot	asch & Birch, LLP	v				MKM/rw	

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

### CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE POLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First w Soly Inventor Insert Name Insert Name Infert Dant This Document is Signed	GIVEN NAME/FAMILY NAME Morgan LARSSON	INVENTOR'S SIGNATURE	DATE* 0508/2					
lasert Residente	Residence (City, State & Country) Goteborg		CITIZENSHIP Sweden					
Insert Foot Office Address	MAILING ADDRESS (Complete Street Address including City, State & Country)  Eklandagatan 60 D; SE-412 61 Goteborg; SWEDEN							
Pull Name of Second Inventor if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE					
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Pull Name of Third Inventor, if anys occupove	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE					
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fearth Inventor, it any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE					
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fifth Invantor, of any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)		CITIZENSHIP					
Ī	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Fall Name of Sixth Inventor, if any: one shows	GIVÊN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)	CITIZENSHIP						
İ	MAILING ADDRESS (Complete Street Address including City, State & Country)							

\*DATE OF SIGNATURE

(Rev. 05/2004)

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